

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, state bar number, and address):</i> TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR <i>(Name):</i> _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> MADGE BRADLEY BLDG., 1409 4TH AVE., SAN DIEGO CA 92101-3105 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081-6645	
<input type="checkbox"/> Conservatorship of the <input type="checkbox"/> Person <input type="checkbox"/> Estate of: _____	
Date of Hearing _____	CASE NUMBER _____
REFERRAL FOR INVESTIGATOR'S REPORT	

THIS REFERRAL MUST BE COMPLETED AND FILED WITH ANY PETITION FOR ☐ APPOINTMENT ☐ ACCOUNTING OF CONSERVATOR.

Name and address of proposed Conservator:

Is there an LPS? ☐ Yes ☐ No If yes, name and address.

(Telephone No.)

Is (proposed) Conservatee a Medi-Cal recipient? ☐ Yes ☐ No

State exact location of proposed Conservatee: ☐ Permanent ☐ Temporary

(Address)

(Name of person in charge)

(Telephone No.)

(Person to be contacted re: visitation if other than above)

(Telephone No.)

Any additional information, which will be of assistance to the Investigator:

☐ Firearms on site _____ ☐ Restraining orders _____

☐ Dogs on site _____ ☐ Other hazards! _____

☐ PC § 1826(P) There has been a previous investigation within the last six months.

Date: _____

(Signature of Petitioner/Attorney)